

**POLICE DEPARTMENT, COUNTY OF NASSAU, N.Y.
CRIME VICTIM'S REQUEST FOR POLICE REPORT**

PDCN 288 - REV. 7/97

- INSTRUCTIONS:**
1. Crime victim's who personally appear, complete parts A and B.
 2. Crime victim's who cannot personally appear must also complete part D and have this form notarized.
 3. Attorneys complete parts A and C.

PART A GENERAL INFORMATION ABOUT POLICE REPORT REQUESTED	CRIME VICTIM'S NAME		DATE OF OCCURRENCE
	PLACE OF OCCURRENCE		
	CASE REPORT NO.	DETECTIVE DIVISION NO.	
PART B CRIME VICTIM WHO PERSONALLY APPEARS	<p>I, _____ under penalty of perjury, do solemnly swear or affirm that I reside at:</p> <p>ADDRESS: NUMBER STREET</p> <p>ADDRESS: TOWN/CITY COUNTY STATE ZIP CODE</p> <p>Pursuant to the provisions of Section 646 of the New York State Executive Law I request, without charge, a copy of the Police Report of the incident in which I was a victim.</p> <p>_____ SIGNATURE CRIME VICTIM</p>		
	<p>PART C ATTORNEY WHO REQUESTS A CRIME VICTIM'S REPORT</p>		
	<p>I, _____ have been retained as as counsel for _____ and I have been authorized by the victim to obtain a copy of the crime victim report.</p> <p>_____ SIGNATURE ATTORNEY</p>		
	<p>PART D OTHER PERSON AUTHORIZED TO REQUEST CRIME VICTIM'S REPORT</p>		
<p>I, _____ am unable to personally appear to present this request and I have designated the following individual to act in my behalf as my agent and/or personal representative:</p> <p>_____ FIRST NAME M.I. LAST NAME</p> <p>ADDRESS: NUMBER STREET</p> <p>ADDRESS: TOWN/CITY COUNTY STATE ZIP CODE</p> <p>_____ SIGNATURE CRIME VICTIM</p> <p>STATE OF NEW YORK, COUNTY OF _____ SWORN TO BEFORE ME THIS _____ Day of _____</p> <p>_____ SIGNATURE NOTARY PUBLIC OR COMMISSIONER OF DEEDS</p>			
SIGNATURE OF DESK OFFICER OR DETECTIVE DIVISION SUPERVISOR			DATE